

PART B - FEE(S) TRANSMITTAL

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(Signature)
(Date)

69665 7590 04/02/2010
CHOATE, HALL & STEWART / CITRIX SYSTEMS, INC.
TWO INTERNATIONAL PLACE
BOSTON, MA 02110

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/912,401	07/26/2001	Jose Kolencheril Raphel	2006579-0455 (CTX-171)	4249

TITLE OF INVENTION: SYSTEM, METHOD AND COMPUTER PROGRAM PRODUCT TO MAXIMIZE SERVER THROUGHPUT WHILE AVOIDING SERVER OVERLOAD BY CONTROLLING THE RATE OF ESTABLISHING SERVER-SIDE NETWORK CONNECTIONS

APPL. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES NO	\$755 \$1510	\$300	\$0	\$1055 \$1810	07/02/2010

EXAMINER	ART UNIT	CLASS-SUBCLASS
STRANGE, AARON N	2448	709-232000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Choate Hall & Stewart LLP
2 Christopher J. McKenna
3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Citrix Systems, Inc.

Fort Lauderdale, FL

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☐ Advance Order - # of Copies _____

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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 031721 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☒ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature /Mead Mistic/
Typed or printed name Mead Mistic

Date July 1, 2010
Registration No. 64,531

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